

KENTUCKY LICENSING BOARD FOR SPECIALISTS IN HEARING INSTRUMENTS

P. O. Box 1360

Frankfort, KY 40602

(502) 564-3296 ext. 239

finance.ky.gov/bhis

NAME _____ LICENSE NO. _____
ADDRESS _____ SSN _____
CITY _____ STATE _____ ZIP CODE _____

Your Hearing Instrument Specialist license as indicated above will ***expire on January 30, 2009***. Under the provisions of KRS 334.110, each Hearing Instrument Specialist shall renew his/her license on January 30th of each year, and shall pay the Board a renewal fee as set out above. Therefore, if you desire to renew for the next year, return this application together with:

- ☐ **\$200.00** renewal fee (check or money order payable to **Kentucky State Treasurer - DO NOT SEND CASH**)
- ☐ **a certificate of calibration dated within the last twelve (12) months**
- ☐ **evidence of obtaining at least 10 clock hours of approved continuing education**
- ☐ **a copy of your sales contract**
- ☐ **a copy of your delivery statement.**

PLEASE NOTE: If we do not receive all of the requested materials with your renewal form, it will be returned.

ALL RENEWAL INFORMATION MUST BE RECEIVED PRIOR TO, OR POSTMARKED NO LATER THAN, JANUARY 30TH.

APPLICATIONS MAILED AFTER JANUARY 30TH AND POSTMARKED ON OR BEFORE MARCH 2ND WILL REQUIRE A RENEWAL FEE OF \$250.00.

APPLICATIONS POSTMARKED AFTER MARCH 2ND SHALL REQUIRE A RENEWAL FEE OF \$300.00.

PLEASE COMPLETE THE FOLLOWING:

1. Note changes in mailing address ***if different*** from above:

NAME _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

COUNTY: _____ EMAIL: _____

2. Present business name and address (**Only if different from mailing address**)

Business Name _____ Address _____

City _____ State _____ Zip Code _____

3. Home Phone No. _____ Business Phone No. _____

4. Have you been convicted of a misdemeanor or felony since last date of renewal: ☐ No ☐ Yes If yes, what offense and provide details and disposition. _____

5. CONTINUING EDUCATION: 201 KAR 7:075 requires each licensee to obtain a minimum of ten (10) continuing education hours in order to renew his/her license. **At least five (5) of those hours must be from the approved list indicated in 201 KAR 7:075 Section 3 1(a).**

I do hereby affirm to the best of my knowledge and belief, that I have conducted my responsibilities as a hearing instrument specialist in a manner consistent with the provisions of KRS 334 and the regulations promulgated thereunder by the Kentucky Licensing Board for Specialists in Hearing Instruments.

SIGNATURE _____ DATE _____